Implementation of ICD-10 Diagnosis and Procedure Codes for All DMAS Providers — Effective October 1, 2015

The purpose of this memo is to alert all providers that, effective with claims with dates of service on or after October 1, 2015, the Department of Medical Assistance Services (DMAS) will require the International Classification of Diseases, 10th Edition (ICD-10) diagnosis and procedure codes. DMAS ICD-10 edits and correct use for billing are based on the Center for Medicare and Medicaid Services (CMS) regulations which can be found at the following link on the CMS website: www.cms.gov/Medicare/Coding/ICD10/index.html.

In order to prevent a denial, claims with dates of service prior to the ICD-10 compliance date must be coded with ICD-9. Claims with dates of service on or after the compliance date must be coded with ICD-
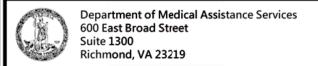
10. For those providers billing hospital charges, DMAS will be using the ICD-10 diagnoses for all UB claims with a discharge date on or after 10/1/2015. Claims must be coded with either ICD-9 or ICD-10 codes but not with both.

Split Claims

There may be situations when a claim spans the ICD-10 implementation date. Providers for services such as in-patient and out-patient hospital stays will be required to split the claim based on the dates of service. Providers will be required to split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later. Edit 1700, "Service Dates Cannot Span ICD-10 Compliance Date" will be triggered if the claim spans the compliance date incorrectly. As noted above, if an in-patient hospital claim has a discharge and/or through date on or after 10/1/2015, then the entire claim is submitted using ICD-10. For a detailed table related to split billing, please refer to the following link: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1408.pdf.

For additional information about the upcoming ICD-10 changes please read the ICD-10

Information and Frequently Asked Questions document located on the Virginia Medicaid Portal:

 www.virginiamedicaid.dmas.virginia.gov/wps/portal/ICD10.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx to learn more.
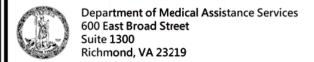
Medicaid Memo:
Special August 25,
2015

Page 2

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00

Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

https://dmas.virginia.gov
MEDICAID MEMO

a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

> 1-804-786-6273 Richmond area and out-of-state long distance 1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.